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CONFIRMATION NO. 2359

<b>SERIAL NUMBER</b> 10/576,402	<b>FILING or 371(c) DATE</b> 04/20/2006 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1618	<b>ATTORNEY DOCKET NO.</b> 06276/HG	
<b>APPLICANTS</b> Masatsugu Nakamura, Ikoma-shi, JAPAN; Shin-ichiro Hirai, Ikoma-shi, JAPAN; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/JP04/16460 10/29/2004 <b>** FOREIGN APPLICATIONS *****</b> JAPAN 2003-368548 10/29/2003 JAPAN 2003-379801 11/10/2003 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 01/17/2007					
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and /JAGADISHWAR RAO SAMALA/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance sj Initials	<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWINGS</b> 0	<b>TOTAL CLAIMS</b> 9	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> FRISHAUF, HOLTZ, GOODMAN & CHICK, PC 220 Fifth Avenue 16TH Floor NEW YORK, NY 10001-7708 UNITED STATES					
<b>TITLE</b> THERAPEUTIC AGENT FOR KERATOCONJUNCTIVAL DISORDER					
<b>FILING FEE RECEIVED</b> 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		